

HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, HONOLULU, HAWAII 96813 or P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: (808) 587-0460 FAX: (808) 587-0470

email: ethics@hawaiiethics.org Web site: www.hawaii.gov/ethics

NOTE: This is a public document.

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LOBBYIST REGISTRATION FORMHAWAH (Type or Print Clearly) STATE ETHICS COMMISSION

PARTI LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
Tsujimura	Rick		808-539-0400
MAILING ADDRESS (Street)	FAX 808-533-4945		
Ali'i Place, Suite 1400, 1	EMAIL rtsujimura@awlaw.com		
(City)	(State)		(Zip Code)
Honolulu	HI		96813
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
MAILING ADDRESS (Street)			FAX
			EMAIL
(City)	(State)		(Zip Code)
			_

PARTII ORGANIZATION	·	
NAME OF ORGANIZATION YOU	TELEPHONE 808-694-8855	
Mortgage Bankers Assoc		
MAILING ADDRESS (Street)	FAX 808-694-4490	
P.O. Box 2900		EMAIL Carol. marx@boh.com
(City)	(State)	(Zip Code)
Honolulu	HI	96846-0001
NAME OF PERSON RESPONSIBLE I	TELEPHONE	
Carol Harx		808-694-8855
MAILING ADDRESS (Street)		FAX 808-694-4490
P.O. Box 2900		EMAIL Carol. mark@ boh.com
(City)	(State)	(Zip Code)
Honolulu	HI	96846-0001

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY						
Agriculture	Education	☐ Human Services	Science, Technology & Economic Development			
Communications & Public Utilities	Government Operation & Finance	 Intergovernmental Relations, International Affairs 	☐ Tourism & Recreation			
Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	Transportation			
Culture, Arts, Historic Preservation	☐ Health	Planning, Land & WaterUse Management	Other: (indicate below)			
Ecology, Energy Environmental Protection	☐ Housing	Public Safety & Corrections				
PART IV CERTIFICATI	ON OF LOBBYIST					
I hereby certify that to	I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.					
1/1/15	1000		11 /10			
1/2/1/ /1/2 //28/13						
(Signature of Lobbyist) (Date)						
r						
PART V AUTHORIZAT	ION TO LOBBY					
NAME		TITLE OF AUTHORIZING OFFIC	ER OR PERSON REPRESENTED			
Linda Nakai	mura	President				
NAME OF ORGANIZATION (if applicable)			TELEPHONE			
Mortgage Bankers Ass	808-844-3775					
MAILING ADDRESS (Street)			FAX 808-844-3899			
c/o First Hawaiian Bank, 2339 Kamchameha Huy #439			EMAIL Inakamwa@fhb.com			
(City)	(State)		(Zip Code)			
Honoluly	t	H	96819			
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.						
4			1/22/17			
(Signature of Authorizing Officer or Person Represented)			(Date)			